



King County
Department of Development and Environmental Services
900 Oakesdale Avenue Southwest
Renton, Washington 98055-1219
206-296-6600 TTY 206-296-7217

**UNINCORPORATED
KING COUNTY
Charitable Solicitation
Application**

**Alternative formats available
upon request**

Application for businesses in **unincorporated** King County only

Application for Charitable Solicitation Permit

FEES: \$40.00/yr
\$1,000.00/yr (where professional fund-raising organizations
or promoters are used)

(Send or bring application and fee to DDES at the address above.
Make checks payable to King County Office of Finance.)

Charitable Organization: ☐ **Promoter:** ☐
Check one: ☐ New ☐ Renewal

Office Use Only	
Fee: \$ _____	<input type="checkbox"/> check <input type="checkbox"/> cash
Date Received: _____	
Receipt #: _____	
DBA #: _____	
Expiration: _____	

1. Organization/Promoter Name: _____

Phone: _____

Local Address: _____

2. List principal officers and managers:

• _____

Name: First	Middle	Last	Date of Birth
Address		City	State/Zip

• _____

Name: First	Middle	Last	Date of Birth
Address		City	State/Zip

• _____

Name: First	Middle	Last	Date of Birth
Address		City	State/Zip

• _____

Name: First	Middle	Last	Date of Birth
Address		City	State/Zip

3. **For new applicants only: Attach Internal Revenue Code exemption per Section 501 (c) (3).**

4. State purpose of solicitation: _____

5. Total amount of funds proposed to be raised by solicitations: \$ _____

6. Use or disposition to be made of receipts: _____

7. Person(s) in direct charge of conducting solicitation:

• _____

Name	Address	Date of Birth
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• _____

Name	Address	Date of Birth
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8. Person by whom the receipts of solicitation will be disbursed: _____

9. Outline method(s) used in conducting solicitation: _____

10. Location(s) of any telephone solicitation headquarters: _____

11. Date Solicitation begins and ends: From _____ to _____.

12. If solicitation by means of coin or currency boxes or receptacles, attach list of locations for each such box and/or receptacle.

13. State the amount of any wages, fees, commission, salaries, expenses to be paid to any person in connection with solicitation. Include the names and addresses of all such persons:

14. Provide an itemization of the estimated cost of the solicitation.

15. Will the cost of solicitation for direct gifts exceed 20% of the total gross amount raised, or for sale and benefit affairs, exceed 55% of the total gross amount raised, and in both types of solicitation, will all wages, fees, commissions, salaries and emoluments to be paid to all salespeople, solicitors, collectors, customers and managers exceed 20% of the total gross amount to be raised? _____

16. What charitable work is now being done in King County? _____

17. List any convictions of applicant, principal, principal officers and/or managers:_____

STATE OF WASHINGTON)) SS
COUNTY OF KING)

_____, being first duly sworn upon oath, I am the above named applicant, and make this affidavit for the purpose of obtaining from King County a **CHARITABLE SOLICITATION PERMIT** in accordance with the provisions of King County Ordinance No. 1603. I have personal knowledge of the matter stated in the foregoing application and the statements contained therein are true. The provisions of King County Ordinance No. 1603 have been read and understood by the undersigned and principal officers of the applicant. Further, it is understood that a permit, if granted, will not be used or represented as an endorsement by King County or by any department or officer thereof, of solicitations made thereunder.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____.

By: _____ Residing At: _____
Notary Public

Commission Expires:

King County
CHARITABLE SOLICITATION
FISCAL YEAR FINANCIAL STATEMENT

Section 4 (j) of Ordinance No. **1603** requires this financial statement for the last preceding fiscal year to be filed with each application for a Charitable Solicitation Permit. You may submit your year-end financial statement if you wish, as well.

Name of applicant_____

1. Total amount raised for charitable purposes

\$ _____
2. Cost of solicitation

\$ _____
3. Net Income

\$ _____
4. Final distribution of balance

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____
5. Total amount of beneficiaries

\$ _____

The undersigned certifies the foregoing to be true and correct.

Signature_____

Title_____

Phone Number_____

Date this _____ day of _____, 20_____